



## Environmental Health Services

225 Camino del Remedio ♦ Santa Barbara, CA 93110  
805/681-4900 ♦ FAX 805/681-4901

2125 S. Centerpointe Pkwy. #333 ♦ Santa Maria, CA 93455-1340  
805/346-8460 ♦ FAX 805/346-8485

**Van Do-Reynoso, MPH, PhD** Director  
**Suzanne Jacobson, CPA** Chief Financial Officer  
**Paige Batson, MA, PHN, RN** Interim Deputy Director  
**Douglas Metz, DPM, MPH** Deputy Director  
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**Polly Baldwin, MD, MPH** Interim Health Officer

**Lawrence Fay** Director of Environmental Health

February 7, 2019

Scott Hosking  
The Bridgehouse Shelter – Lompoc Road Yard  
1105 Santa Barbara Street, 2<sup>nd</sup> Floor  
Santa Barbara, CA 93101

Water System No. CA 4200919

**CITATION NO. 04\_72\_19C\_003**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL AND**  
**COLIFORM TREATMENT TECHNIQUES VIOLATION**  
**FOR JANUARY 2019**

Enclosed is a Citation issued to The Bridgehouse public water system.

Your receipt of this notice indicates that your water system has failed a routine bacteriological test, and has exceeded the Maximum Contaminant Level (MCL) for **Total Coliform on January 31, 2019**. The Health and Safety Code requires that you notify the water consumers of these test failures and take any action necessary to eliminate the cause(s) of the contamination. Additionally, the State Water Resources Control Board, Division of Drinking Water requires that this department issue a Formal Enforcement Action, e.g. a citation or compliance order, in such circumstances (a primary drinking water standard MCL violation).

The following are the instructions on how to complete the noticing and what information will need to be returned to this office:

- A. The Tier 2 Consumer Notification must include: the action(s) taken to eliminate the cause(s) of the failure, advise the consumers regarding water use, and what precautions they should take. This notice must be signed and dated, then either mailed to each water customer or posted in a conspicuous location for all consumers to see within 30 days of the failed sample.
- B. A copy of the signed and dated Consumer Notification must be returned to this office within 30 days of the date on this letter. **This was completed by The Bridgehouse on 02/04/2019.**

- C. A completed, signed, and dated Compliance Certification verifying that the required actions of this Citation have been met must be returned to this office by March 15, 2019.
- D. A Level 2 Assessment [conducted by the Santa Barbara County Environmental Health Services (SBC EHS)] must be scheduled and completed as soon as practical after exceeding the trigger, as there have been more than 1 Total Coliform violations in the last 12 months at this system.

Please note the following suggested possible corrective actions:

- 1. Remove any sources of contamination from the area around the source. Check the water source for damage and repair if necessary.
- 2. Install an automatic disinfection system such as, a chlorinator or an ozonator.
- 3. Perform regular maintenance on the distribution system. Maintenance should include the flushing of the water lines and periodic cleaning of the storage tank(s).

If you have any questions regarding this matter, please contact me at (805) 346-8466 or [Belinda.Huy@sbcphd.org](mailto:Belinda.Huy@sbcphd.org)

Sincerely,

*Belinda Huy*

Belinda Huy  
Senior Environmental Health Specialist  
EHS Drinking Water Systems Program, Santa Barbara County

Any person who is aggrieved by a citation issued by Santa Barbara County EHS may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation. Petitions must be received by the State Water Board within 30 calendar days of the issuance of the citation. The date of issuance is the date when SBC EHS mails or serves a copy of the citation, whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at: [http://www.waterboards.ca.gov/drinking\\_water/programs/petitions/index.shtml](http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml)

Enclosures  
Certified Mail No.

cc: Jeff Densmore, P.E., District Engineer, Division of Drinking Water by email at [jeff.densmore@waterboards.ca.gov](mailto:jeff.densmore@waterboards.ca.gov)

COUNTY OF SANTA BARBARA  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES

**Name of Public Water System:** The Bridgehouse

**Water System No:** CA 4200919

**Attention:** Scott Hosking  
The Bridgehouse Shelter – Lompoc Road Yard  
1105 Santa Barbara Street, 2<sup>nd</sup> Floor  
Santa Barbara, CA 93101

**Issued:** February 7, 2019

**CITATION FOR NONCOMPLIANCE**

**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION  
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1,  
AND REVISED TOTAL COLIFORM RULE, SECTION 64426.7(c)(2)  
JANUARY 2019**

The California Health and Safety Code (hereinafter "CHSC"), CCR Title 22, Chapter 14, Article 4, Section 64258 authorizes the Local Primacy Agency, in this case the Santa Barbara County Environmental Health Services department (hereinafter "SBC EHS") to conduct enforcement actions as necessary to assure that all small water systems under the jurisdiction of the local primacy agency are in compliance with Division 104, Part 1, Chapters 4 and 5; Division 104, Part 12, Chapters 4 and 5 of the Health and Safety

Code, and California Code of Regulations, Title 17, Division 1, Chapter 5, Group 4 and Title 22, Division 4, Chapters 14, 15, 15.5, 16, 17, and 17.5.

SBC EHS, acting by and through its delegation from the State Water Resources Control Board, Division of Drinking Water, hereby issues this citation pursuant to Section 116650 of the CHSC to The Bridgehouse for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1, and the Revised Total Coliform Rule Section 64426.7(c)(2).

A copy of the applicable statutes and regulations are included in Appendix 1, which is attached hereto and incorporated by reference.

### STATEMENT OF FACTS

The Bridgehouse is classified as a Transient, Non-Community water system serving a main building, kitchen, a dormitory building at the shelter, and the county road yard (maintenance garage and offices) across the street. SBC EHS received laboratory results for five (5) bacteriological samples collected during January 2019 from The Bridgehouse. All samples were analyzed for the presence of total coliform bacteria. Four (4) of the 5 samples analyzed were positive for total coliform bacteria. None of the total coliform positive samples showed the presence of fecal coliform OR *Escherichia coli* (*E. coli*) bacteria. The Bridgehouse currently provides continuous disinfection to the water system.

During October 2018, a routine bacteriological sample was collected and analyzed from The Bridgehouse for the presence of total coliform bacteria. The sample analyzed was positive for total coliform bacteria. The following

1 day, a repeat sample was collected and analyzed by The Bridgehouse and  
2 was positive for total coliform bacteria. None of the total coliform positive  
3 samples collected and analyzed in October 2018 showed the presence of  
4 fecal coliform OR *E. coli*. As a directive on Citation No. 05\_72\_18C\_007  
5 issued to The Bridgehouse on 10/15/2018, a Level 1 Assessment was  
6 required on or before 11/15/2018.

### 8 **DETERMINATION**

9 CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level  
10 (MCL) states that a public water system is in violation of the total coliform  
11 MCL if it collects fewer than 40 bacteriological samples per month and if  
12 more than one sample collected during any month is total coliform-positive.  
13 Section 64426.7(c)(2) of the Revised Total Coliform Rule states that a public  
14 water system exceeds a Level 2 trigger if the water system has a second  
15 Level 1 trigger within a rolling 12-month period.

16  
17 The Bridgehouse took fewer than 40 bacteriological samples during January  
18 2019. The results reported in February 2019 of 4 routine samples were total  
19 coliform positive but absent for fecal coliform OR *E. coli*. The Bridgehouse  
20 received the first Level 1 trigger in October 2018, or within a rolling 12-  
21 month period. Therefore, the SBC EHS has determined that The  
22 Bridgehouse violated CCR, Title 22, Section 64426.1, and the Revised Total  
23 Coliform Rule, Section 64426.7(c)(2), during January 2019.

### 24 **DIRECTIVES**

25  
26 The Bridgehouse is hereby directed to take the following actions:  
27

1. Comply with CCR, Title 22, Section 64426.1 and the Revised Total Coliform Rule, Section 64426.7(c)(2), in all future monitoring periods.
2. On or before **March 8, 2019**, notify all persons served by The Bridgehouse of the violation of Section 64426.1, in conformance with CCR, Title 22, Sections 64463.4(b)&(c) and 64465. Copies of Sections 64463.4 and 64465 are included in Appendix 1. ~~Appendix 2: Notification Template shall be used to fulfill this directive, unless otherwise approved by SBC EHS.~~ **This was completed by The Bridgehouse on 02/04/2019.**
3. Complete Appendix 2: Compliance Certification Form. Submit it together with a copy of the public notification to SBC EHS on or before **March 15, 2019**.
4. Coordinate with SBC EHS to schedule a Level 2 Assessment inspection in conformance with the Revised Total Coliform Rule, Section 64426.7 and 64426.8, of the water system (conducted by SBC EHS) to be completed no later than **February 22, 2019**. A copy of a Level 2 Assessment form is included in Appendix 3. Copies of Section 64426.7 and 64426.8 are included in Appendix 1.
5. Pursuant to CCR, Title 22, Section 64424(a), collect and have analyzed for total coliform bacteria five (5) repeat bacteriological samples within 24 hours of being notified by laboratory of the routine positive result.

6. Pursuant to CCR, Title 22, Section 64424(d), collect and have analyzed for total coliform bacteria five (5) routine bacteriological samples the following month, or on or before **February 28, 2019**.

All submittals required by this Citation shall be electronically submitted to the SBC EHS at the following address. The subject line for all electronic submittals corresponding to this citation shall include the following information: Water System name and number, citation number and title of the document being submitted.

Belinda Huy

[Belinda.Huy@sbcphd.org](mailto:Belinda.Huy@sbcphd.org)

SBC EHS reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves The Bridgehouse of its obligation to meet the requirements of the California Safe Drinking Water Act (SDWA) (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

#### **PARTIES BOUND**

This Citation shall apply to and be binding upon The Bridgehouse, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

**SEVERABILITY**

The directives of this Citation are severable, and The Bridgehouse shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

*Belinda Huy*

*02/07/2019*

\_\_\_\_\_  
Belinda Huy  
Senior Environmental Health Specialist  
EHS Drinking Water Systems Program  
Santa Barbara County Public Health Department

\_\_\_\_\_  
Date

Appendices (3):

1. Applicable Statutes and Regulations
2. Compliance Certification Form
3. Level 2 Assessment Form

Certified Mail No.



## **APPENDIX 1. APPLICABLE STATUTES AND REGULATIONS FOR CITATION NO. 04\_72\_19C\_003**

*NOTE: The following language is provided for the convenience of the recipient, and cannot be relied upon as the State of California's representation of the law. The published codes are the only official representation of the law. Regulations related to drinking water are in Titles 22 and 17 of the California Code of Regulations. Statutes related to drinking water are in the Health & Safety Code, the Water Code, and other codes.*

### **California Health and Safety Code (CHSC):**

#### **Section 116271 states in relevant part:**

(a) The State Water Resources Control Board succeeds to and is vested with all of the authority, duties, powers, purposes, functions, responsibilities, and jurisdiction of the State Department of Public Health, its predecessors, and its director for purposes of all of the following:

- (1) The Environmental Laboratory Accreditation Act (Article 3 (commencing with Section 100825) of Chapter 4 of Part 1 of Division 101).
- (2) Article 3 (commencing with Section 106875) of Chapter 4 of Part 1.
- (3) Article 1 (commencing with Section 115825) of Chapter 5 of Part 10.
- (4) This chapter and the Safe Drinking Water State Revolving Fund Law of 1997 (Chapter 4.5 (commencing with Section 116760)).
- (5) Article 2 (commencing with Section 116800), Article 3 (commencing with Section 116825), and Article 4 (commencing with Section 116875) of Chapter 5.
- (6) Chapter 7 (commencing with Section 116975).
- (7) The Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Bond Act of 2006 (Division 43 (commencing with Section 75001) of the Public Resources Code).
- (8) The Water Recycling Law (Chapter 7 (commencing with Section 13500) of Division 7 of the Water Code).
- (9) Chapter 7.3 (commencing with Section 13560) of Division 7 of the Water Code.
- (10) The California Safe Drinking Water Bond Law of 1976 (Chapter 10.5 (commencing with Section 13850) of Division 7 of the Water Code).
- (11) Wholesale Regional Water System Security and Reliability Act (Division 20.5 (commencing with Section 73500) of the Water Code).
- (12) Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 (Division 26.5 (commencing with Section 79500) of the Water Code).

(b) The State Water Resources Control Board shall maintain a drinking water program and carry out the duties, responsibilities, and functions described in this section. Statutory reference to "department," "state department," or "director" regarding a function transferred to the State Water Resources Control Board shall refer to the State Water Resources Control Board. This section does not impair the authority of a local health officer to enforce this chapter or a county's election not to enforce this chapter, as provided in Section 116500...

- (k)
- (1) The State Water Resources Control Board shall appoint a deputy director who reports to the executive director to oversee the issuance and enforcement of public water system permits and other duties as appropriate. The deputy director shall have public health expertise.
  - (2) The deputy director is delegated the State Water Resources Control Board's authority to provide notice, approve notice content, approve emergency notification plans, and take other action pursuant to Article 5 (commencing with Section 116450), to issue, renew, reissue, revise, amend, or deny any public water system permits pursuant to Article 7 (commencing with Section 116525), to suspend or revoke any public water system permit pursuant to Article 8 (commencing with Section 116625), and to issue citations, assess penalties, or issue orders pursuant to Article 9 (commencing with Section 116650). Decisions and actions of the deputy director taken pursuant to Article 5 (commencing with Section 116450) or Article 7 (commencing with Section 116525) are deemed decisions and actions taken, but are not subject to reconsideration, by the State Water Resources Control Board. Decisions and actions of the deputy director taken pursuant to Article 8 (commencing with Section 116625) and Article 9 (commencing with Section 116650) are deemed decisions and actions taken by the State Water Resources Control Board, but any aggrieved person may petition the State Water Resources Control Board for reconsideration of the decision or action. This subdivision is not a limitation on the State Water Resources Control Board's authority to delegate any other powers and duties.

#### **Section 116555 states in relevant part:**

(a) Any person who owns a public water system shall ensure that the system does all of the following:

- (1) Complies with primary and secondary drinking water standards.
- (2) Will not be subject to backflow under normal operating conditions.
- (3) Provides a reliable and adequate supply of pure, wholesome, healthful, and potable water.

**Section 116650 states in relevant part:**

- (a) If the state board determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the state board may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).
- (e) The state board may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation and shall be in addition to any liability or penalty imposed under any other law.

**California Code of Regulations, Title 22 (CCR):**

**Section 64421 (General Requirements) states:**

- (a) Each water supplier shall:
  - (1) Develop a routine sample siting plan as required in section 64422;
  - (2) Collect routine, repeat and replacement samples as required in Sections 64423, 64424, and 64425;
  - (3) Have all samples analyzed by laboratories approved to perform those analyses by the State Board and report results as required in section 64423.1;
  - (4) Notify the State Board when there is an increase in coliform bacteria in bacteriological samples as required in section 64426; and
  - (5) Comply with the Maximum Contaminant Level as required in section 64426.1.
- (b) Water suppliers shall perform additional bacteriological monitoring as follows:
  - (1) After construction or repair of wells;
  - (2) After main installation or repair;
  - (3) After construction, repair, or maintenance of storage facilities; and
  - (4) After any system pressure loss to less than five psi. Samples collected shall represent the water quality in the affected portions of the system.

**Section 64422 (Routine Sample Siting Plan) states:**

- (a) By September 1, 1992, each water supplier shall develop and submit to the State Board a siting plan for the routine collection of samples for total coliform analysis, subject to the following:
  - (1) The sample sites chosen shall be representative of water throughout the distribution system including all pressure zones, and areas supplied by each water source and distribution reservoir.
  - (2) The water supplier may rotate sampling among the sample sites if the total number of sites needed to comply with (a)(1) above exceeds the number of samples required according to Table 64423-A. The rotation plan shall be described in the sample siting plan.
- (b) If personnel other than certified operators will be performing field tests and/or collecting samples, the sample siting plan shall include a declaration that such personnel have been trained, pursuant to §64415 (b).
- (c) The supplier shall submit an updated plan to the State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

**Section 64423 (Routine Sampling) states:**

- (a) Each water supplier shall collect routine bacteriological water samples as follows:
  - (1) The minimum number of samples for community water systems shall be based on the known population served or the total number of service connections, whichever results in the greater number of samples, as shown in Table 64423-A. A community water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency. The minimum reduced frequency shall not be less than one sample per quarter.
  - (2) The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.
  - (3) The minimum number of samples for transient-noncommunity water systems using groundwater and serving 1000 or fewer persons a month shall be one in each calendar quarter during which the system provides water to the public.
  - (4) The minimum number of samples for transient-noncommunity water systems using groundwater and serving more than 1000 persons during any month shall be based on the known population served as shown in Table 64423-A, except that the water supplier may request from the State Board a reduction in monitoring

for any month the system serves 1000 persons or fewer. The minimum reduced frequency shall not be less than one sample in each calendar quarter during which the system provides water to the public.

(5) The minimum number of samples for transient-noncommunity water systems using approved surface water shall be based on the population served as shown in Table 64423-A. A system using groundwater under the direct influence of surface water shall begin monitoring at this frequency by the end of the sixth month after the State Board has designated the source to be approved surface water.

(6) A public water system shall collect samples at regular time intervals throughout the month, except that a system using groundwater which serves 4,900 persons or fewer may collect all required samples on a single day if they are taken from different sites.

(b) In addition to the minimum sampling requirements, all water suppliers using approved surface water which do not practice treatment in compliance with Sections 64650 through 64666, shall collect a minimum of one sample before or at the first service connection each day during which the turbidity level of the water delivered to the system exceeds 1 NTU. The sample shall be collected within 24 hours of the exceedance and shall be analyzed for total coliforms. If the water supplier is unable to collect and/or analyze the sample within the 24-hour time period because of extenuating circumstances beyond its control, the supplier shall notify the State Board within the 24-hour time period and may request an extension. Sample results shall be included in determining compliance with the MCL for total coliforms in Section 64426.1.

(c) If any routine, repeat, or replacement sample is total coliform-positive, then the water supplier shall collect repeat samples in accordance with Section 64424 and comply with the reporting requirements specified in Sections 64426 and 64426.1.

**Table 64423-A**

Minimum Number of Routine Total Coliform Samples

Monthly Population Served	Service Connections	Minimum Number of Samples
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week
3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

**Section 64423.1 (Sample Analysis and Reporting of Results) states:**

(a) The water supplier shall designate (label) each sample as routine, repeat, replacement, or "other" pursuant to Section 64421(b), and have each sample analyzed for total coliforms. The supplier also shall require the laboratory to analyze the same sample for fecal coliforms or *Escherichia coli* (*E. coli*) whenever the presence of total coliforms is indicated. As a minimum, the analytical results shall be reported in terms of the presence or absence of total or fecal coliforms, or *E. coli* in the sample, whichever is appropriate.

(b) The water supplier shall require the laboratory to notify the supplier within 24 hours, whenever the presence of total coliforms, fecal coliforms or E. coli is demonstrated in a sample or a sample is invalidated due to interference problems, pursuant to Section 64425(b), and shall ensure that a contact person is available to receive these analytical results 24-hours a day. The water supplier shall also require the laboratory to immediately notify the State Board of any positive bacteriological results if the laboratory cannot make direct contact with the designated contact person within 24 hours.

(c) Analytical results of all required samples collected for a system in a calendar month shall be reported to the State Board not later than the tenth day of the following month, as follows:

(1) The water supplier shall submit a monthly summary of the bacteriological monitoring results to the State Board.

(2) For systems serving fewer than 10,000 service connections or 33,000 persons, the water supplier shall require the laboratory to submit copies of all required bacteriological monitoring results directly to the State Board.

(3) For systems serving more than 10,000 service connections, or 33,000 persons, the water supplier shall require the laboratory to submit copies of bacteriological monitoring results for all positive routine samples and all repeat samples directly to the State Board.

(d) Laboratory reports shall be retained by the water supplier for a period of at least five years and shall be made available to the State Board upon request.

**Section 64424 (Repeat Sampling) states in relevant part:**

(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board allow the collection of the repeat sample set over a four-day period.

(1) For a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample. For a water supplier that normally collects one or fewer samples per month, a repeat sample set shall be at least four samples for each total coliform-positive sample.

(2) If the water supplier is unable to collect the samples within the 24-hour time period specified in subsection (a) or deliver the samples to the laboratory within 24 hours after collection because of circumstances beyond its control, the water supplier shall notify the State Board within 24 hours. The State Board will then determine how much time the supplier will have to collect the repeat samples.

(b) When collecting the repeat sample set, the water supplier shall collect at least one repeat sample from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.

(c) If one or more samples in the repeat sample set is total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample set or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.

(d) If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. If the supplier stops supplying water during the month after the total coliform-positive(s), at least five samples shall be collected during the first month the system resumes operation. A water supplier may request the State Board waive the requirement to collect at least five routine samples the following month, but a waiver will not be granted solely on the basis that all repeat samples are total coliform-negative. To request a waiver, one of the following conditions shall be met:

(1) The State Board conducts a site visit before the end of the next month the system provides water to the public to determine whether additional monitoring and/or corrective action is necessary to protect public health.

(2) The State Board determines why the sample was total coliform-positive and establishes that the system has corrected the problem or will correct the problem before the end of the next month the system serves water to the public. If a waiver is granted, a system shall collect at least one routine sample before the end of the next month it serves water to the public and use it to determine compliance with Section 64426.1.

**Section 64425 (Sample Invalidation) states:**

(a) A water supplier may request the Department to invalidate a sample for which a total coliform-positive result has been reported if the supplier demonstrates:

(1) All repeat sample(s) collected at the same tap as the original total coliform-positive sample also are total coliform-positive and all repeat samples collected within five service connections of the original tap are not total coliform-positive; or

(2) The laboratory did not follow the prescribed analytical methods pursuant to §64415(a), based on a review of laboratory documentation by the Department. The supplier shall submit to the Department a written request for invalidation along with the laboratory documentation, the supplier's sample collection records and any observations noted during sample collection and delivery. The water supplier shall require the laboratory to provide the supplier with documentation which shall include, but not be limited to:

- (A) A letter from the director of the laboratory having generated the data, confirming the invalidation request by reason of laboratory accident or error;
- (B) Complete sample identification, laboratory sample log number (if used), date and time of collection, date and time of receipt by the laboratory, date and time of analysis for the sample(s) in question;
- (C) Complete description of the accident or error alleged to have invalidated the result(s);
- (D) Copies of all analytical, operating, and quality assurance records pertaining to the incident in question; and
- (E) Any observations noted by laboratory personnel when receiving and analyzing the sample(s) in question.

(b) Whenever any total coliform sample result indicative of the absence of total coliforms has been declared invalid by the laboratory due to interference problems as specified at 40 Code Federal Regulations, Section 141.2100(c)(2), the supplier shall collect a replacement sample from the same location as the original sample within 24 hours of being notified of the interference problem, and have it analyzed for the presence of total coliforms. The supplier shall continue to re-sample at the original site within 24 hours and have the samples analyzed until a valid result is obtained.

**Section 64426 (Significant Rise in Bacterial Count) states in relevant part:**

- (a) Any of the following criteria shall indicate a possible significant rise in bacterial count:
  - (1) A system collecting at least 40 samples per month has a total coliform-positive routine sample followed by two total coliform-positive repeat samples in the repeat sample set;
  - (2) A system has a sample which is positive for fecal coliform or E. coli; or
  - (3) A system fails the total coliform Maximum Contaminant Level (MCL) as defined in Section 64426.1.
- (b) When the coliform levels specified in subsection (a) are reached or exceeded, the water supplier shall:
  - (1) Contact the State Board by the end of the day on which the system is notified of the test result or the system determines that it has exceeded the MCL, unless the notification or determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours; and
  - (2) Submit to the State Board information on the current status of physical works and operating procedures which may have caused the elevated bacteriological findings, or any information on community illness suspected of being waterborne. This shall include, but not be limited to:
    - (A) Current operating procedures that are or could potentially be related to the increase in bacterial count;
    - (B) Any interruptions in the treatment process;
    - (C) System pressure loss to less than 5 psi;
    - (D) Vandalism and/or unauthorized access to facilities;
    - (E) Physical evidence indicating bacteriological contamination of facilities;
    - (F) Analytical results of any additional samples collected, including source samples;
    - (G) Community illness suspected of being waterborne; and
    - (H) Records of the investigation and any action taken.

**Section 64426.1 (Total Coliform Maximum Contaminant Level (MCL)) states in relevant part:**

- (b) A public water system is in violation of the total coliform MCL when any of the following occurs:
  - (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
  - (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
  - (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
  - (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.
- (c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

**Section 64463.1 (Tier 1 Public Notice) states in relevant part:**

- (a) A water system shall give public notice pursuant to this section and section 64465 if any of the following occurs:
  - (1) Violation of the total coliform MCL when:
    - (A) Fecal coliform or E. coli are present in the distribution system; or
    - (B) When any repeat sample tests positive for coliform and the water system fails to test for fecal coliforms or E. coli in the repeat sample;...
- (b) As soon as possible within 24 hours after learning of any of the violations in subsection (a) or being notified by the State Board that it has determined there is a potential for adverse effects on human health [pursuant to paragraph (a)(4), (5), or (6)], the water system shall:

- (1) Give public notice pursuant to this section;
  - (2) Initiate consultation with the State Board within the same timeframe; and
  - (3) Comply with any additional public notice requirements that are determined by the consultation to be necessary to protect public health.
- (c) A water system shall deliver the public notice in a manner designed to reach residential, transient, and nontransient users of the water system and shall use, as a minimum, one of the following forms:
- (1) Radio or television;
  - (2) Posting in conspicuous locations throughout the area served by the water system;
  - (3) Hand delivery to persons served by the water system; or
  - (4) Other method approved by the State Board, based on the method's ability to inform water system users.

**Section 64463.4 (Tier 2 Public Notice) states:**

- (a) A water system shall give public notice pursuant to this section if any of the following occurs:
- (1) Any violation of the MCL, MRDL, and treatment technique requirements, except:
    - (A) Where a Tier 1 public notice is required under section 64463.1; or
    - (B) Where the State Board determines that a Tier 1 public notice is required, based on potential health impacts and persistence of the violations;
  - (2) All violations of the monitoring and testing procedure requirements in sections 64421 through 64426.1, article 3 (Primary Standards – Bacteriological Quality), for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations;
  - (3) Other violations of the monitoring and testing procedure requirements in this chapter, and chapters 15.5, 17 and 17.5, for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations; or
  - (4) Failure to comply with the terms and conditions of any variance or exemption in place.
- (b) A water system shall give the notice as soon as possible within 30 days after it learns of a violation or occurrence specified in subsection (a), except that the water system may request an extension of up to 60 days for providing the notice. This extension would be subject to the State Board's written approval based on the violation or occurrence having been resolved and the State Board's determination that public health and welfare would in no way be adversely affected. In addition, the water system shall:
- (1) Maintain posted notices in place for as long as the violation or occurrence continues, but in no case less than seven days;
  - (2) Repeat the notice every three months as long as the violation or occurrence continues. Subject to the State Board's written approval based on its determination that public health would in no way be adversely affected, the water system may be allowed to notice less frequently but in no case less than once per year. No allowance for reduced frequency of notice shall be given in the case of a total coliform MCL violation or violation of a Chapter 17 treatment technique requirement; and
  - (3) For turbidity violations pursuant to sections 64652.5(c)(2) and 64653(c), (d) and (f), as applicable, a water system shall consult with the State Board as soon as possible within 24 hours after the water system learns of the violation to determine whether a Tier 1 public notice is required. If consultation does not take place within 24 hours, the water system shall give Tier 1 public notice within 48 hours after learning of the violation.
- (c) A water system shall deliver the notice, in a manner designed to reach persons served, within the required time period as follows:
- (1) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, community water systems shall give public notice by:
    - (A) Mail or direct delivery to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system; and
    - (B) Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, university students, nursing home patients, prison inmates, etc.):
      - 1. Publication in a local newspaper;
      - 2. Posting in conspicuous public places served by the water system, or on the Internet; or
      - 3. Delivery to community organizations.
  - (2) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:
    - (A) Posting in conspicuous locations throughout the area served by the water system; and
    - (B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:
      - 1. Publication in a local newspaper or newsletter distributed to customers;
      - 2. E-mail message to employees or students;
      - 3. Posting on the Internet or intranet; or
      - 4. Direct delivery to each customer.

**Section 64465 (Public Notice Content and Format) states in relevant part:**

(a) Each public notice given pursuant to this article, except Tier 3 public notices for variances and exemptions pursuant to subsection (b), shall contain the following:

- (1) A description of the violation or occurrence, including the contaminant(s) of concern, and (as applicable) the contaminant level(s);
- (2) The date(s) of the violation or occurrence;
- (3) Any potential adverse health effects from the violation or occurrence, including the appropriate standard health effects language from appendices 64465-A through G;
- (4) The population at risk, including subpopulations particularly vulnerable if exposed to the contaminant in drinking water;
- (5) Whether alternative water supplies should be used;
- (6) What actions consumers should take, including when they should seek medical help, if known;
- (7) What the water system is doing to correct the violation or occurrence;
- (8) When the water system expects to return to compliance or resolve the occurrence;
- (9) The name, business address, and phone number of the water system owner, operator, or designee of the water system as a source of additional information concerning the public notice;
- (10) A statement to encourage the public notice recipient to distribute the public notice to other persons served, using the following standard language: —Please share this information with all the other people who drink this water, especially those who may not have received this public notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail; and
- (11) For a water system with a monitoring and testing procedure violation, this language shall be included: “We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During [compliance period dates], we [‘did not monitor or test’ or ‘did not complete all monitoring or testing’] for [contaminant(s)], and therefore, cannot be sure of the quality of your drinking water during that time.” ...

(c) A public water system providing notice pursuant to this article shall comply with the following multilingual-related requirements:

(2) For a Tier 2 or Tier 3 public notice:

- (A) The notice shall contain information in Spanish regarding the importance of the notice, or contain a telephone number or address where Spanish-speaking residents may contact the public water system to obtain a translated copy of the notice or assistance in Spanish; and
- (B) When a non-English speaking group other than Spanish-speaking exceeds 1,000 residents or 10 percent of the residents served by the public water system, the notice shall include:
  1. Information in the appropriate language(s) regarding the importance of the notice; or
  2. A telephone number or address where such residents may contact the public water system to obtain a translated copy of the notice or assistance in the appropriate language; and

(3) For a public water system subject to the Dymally-Alatorre Bilingual Services Act, Chapter 17.5, Division 7, of the Government Code (commencing with section 7290), meeting the requirements of this Article may not ensure compliance with the Dymally-Alatorre Bilingual Services Act.

(d) Each public notice given pursuant to this article shall:

- (1) Be displayed such that it catches people’s attention when printed or posted and be formatted in such a way that the message in the public notice can be understood at the eighth-grade level;
- (2) Not contain technical language beyond an eighth-grade level or print smaller than 12 point; and
- (3) Not contain language that minimizes or contradicts the information being given in the public notice.

**Appendix 64465-A. Health Effects Language - Microbiological Contaminants.**

Contaminant	Health Effects Language
Total Coliform	Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
Fecal coliform/E. coli	Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.
Turbidity	Turbidity has no health effects. However, high levels of turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

**Section 64469 (Reporting Requirements) states in relevant part:**

- (d) Within 10 days of giving initial or repeat public notice pursuant to Article 18 of this Chapter, except for notice given under section 64463.7(d), each water system shall submit a certification to the State Board that it has done so, along with a representative copy of each type of public notice given.

**Section 64481 (Content of the Consumer Confidence Report) states in relevant part:**

- (g) For the year covered by the report, the Consumer Confidence Report shall note any violations of paragraphs (1) through (7) and give related information, including any potential adverse health effects, and the steps the system has taken to correct the violation.

- (1) Monitoring and reporting of compliance data.

**California Code of Regulations, Title 22 (CCR), Revised Total Coliform Rule:**

**Section 64426.7 (Coliform Treatment Technique Triggers) states in relevant part:**

- (c) A public water system exceeds a Level 2 treatment technique trigger if either of the following occurs:

(2) The water system has a second Level 1 treatment technique trigger, within a 12-month rolling period, unless the State Board has determined a likely reason that the samples that caused the first Level 1 treatment technique trigger were total coliform-positive and has established that the water system has corrected the problem.

**Section 64426.8 (Level 1 and Level 2 Assessments and Correction Actions) states in relevant part:**

- (b) If a public water system exceeds a Level 2 treatment technique trigger in Section 64426.7(c), the water system shall:

(1) Arrange with the State Board for the conduct and completion of a Level 2 assessment, that includes a review and identification of the minimum elements in subsections (a)(2)(A) through (E) to identify the possible presence of sanitary defects and defects in distribution system coliform monitoring practices, as soon as practical after exceeding any trigger;

(2) Comply with any expedited actions or additional actions required by the State Board in the case of an E. coli MCL violation;

(3) Within 30 days after the water system learns that it has exceeded a trigger or within 30 days after the water system has received results of all bacteriological samples taken in the month the trigger was exceeded, whichever occurs first, submit to the State Board a completed assessment that includes the State Board assessment and describes sanitary defects detected (and if applicable, may note no sanitary defects were detected), corrective actions completed, and a proposed timetable for any corrective actions not already completed; and

(4) If directed by the State Board, based on its determination that the completed assessment is not sufficient (including any proposed timetable for any corrective actions not already completed), submit a revised description of corrective actions completed and a proposed timetable for any corrective actions not already completed to the State Board within 30 days.



## APPENDIX 2. COMPLIANCE CERTIFICATION

**Citation Number:** 04\_72\_19C\_003

**Name of Water System:** The Bridgehouse

**System Number:** 4200919

### Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological violation of California Code of Regulations, Title 22, Section 64426.1 and the Revised Total Coliform Rule, Section 64426.7(c)(2), for the compliance period of January 2019 and the required actions listed below were completed.

Required Action	Date Completed
<i>(Citation Directive 2) Public Notification Method(s) Used: _____</i>	
<i>(Citation Directive 4) SBC EHS will complete Level 2 Assessment</i>	
<i>(Citation Directive 6) Collect five (5) routine bacteriological samples and have samples analyzed for Total Coliform &amp; E.coli bacteria in the month following the MCL exceedance.</i>	

\_\_\_\_\_  
Signature of Water System Representative

\_\_\_\_\_  
Date

**Attach a copy of the public notice distributed to the water system's customers with a copy of the laboratory results from the five (5) routine bacteriological samples collected in the month following the MCL exceedance.**

<b>THIS FORM MUST BE COMPLETED AND RETURNED TO THE SANTA BARBARA COUNTY, ENVIRONMENTAL HEALTH SERVICES, NO LATER THAN <b>MARCH 15, 2019.</b></b>
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**Disclosure:** Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

## APPENDIX 3. REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

[http://www.swrcb.ca.gov/drinking\\_water/certlic/drinkingwater/Lawbook.shtml](http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/Lawbook.shtml)

PWS ID#:	PWS Name: [                      ]			Circle one: CWS / NTNC / TNC	
Operator in Responsible Charge (print name): Assessment trigger date: SEASONAL: YES <input type="checkbox"/> NO <input type="checkbox"/> Person who collected TC positive samples: Name of Certified Lab conducting sample analysis:		Phone: Date Assessment Completed: Reason for Assessment: Contact info for person who collected samples:			
Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
<b>1. Review of the sample sites</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
<b>1.1</b> Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.2</b> Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.3</b> Was this sample taken from an outside faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.4</b> Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.5</b> Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.6</b> Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.7</b> Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.8</b> Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.9</b> Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.10</b> Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.11</b> Prior to this incident, when was the most recent satisfactory coliform samples taken?          Date:					
<b>1.12</b> Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## APPENDIX 3. REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

2. Review of sample protocol		Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2	Is the sampler a regular, trained sampler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Was a laboratory-provided TC sample bottle used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5	Was the water tap flushed for at least 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Was the tap disinfected or flamed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8	Were there other sampler errors? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Review of the distribution system.		Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1	Have any mains or service lines recently been repaired, replaced or installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4	Any leaks or main breaks noted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5	Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8	Any recent pump station failures or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.9	Air relief valve leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.10	Standing water or debris in (air relief) valve vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11	Any recent power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13	Has high turbidity been detected in the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.14	Is there evidence of intentional contamination or vandalism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.15	Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### APPENDIX 3. REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

Review of storage tank(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the vents and overflows protected against entry from animals, insects or other contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the screens damaged or not properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the reservoir have a common inlet/outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the tank been accidentally drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have there been high flows through the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the site secured (e.g. fencing, locked gates, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Pressure Tanks (if applicable)</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
What is the volume of the pressure tank? Attach additional sheets if needed.					
What is the age of the pressure tank? Attach additional sheets if needed.					
Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.					
Did the pressure tank(s) deviate from normal operating pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### APPENDIX 3. REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

<b>4.27</b> Is the tank bladder water logged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.28</b> Is the tank damaged, rusty, leaking or have holes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.29</b> Was there any recent work performed on the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.30</b> Is the air relief vent (if there one) screened and facing down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.31</b> Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Review of treatment process (if applicable)</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
<b>5.1</b> Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.2</b> Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.3</b> Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.4</b> Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.5</b> Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.6</b> Have there been changes in raw water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.7</b> Was the settled water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.8</b> Was the finished water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.9</b> Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.10</b> Have there been any failures in adding disinfectant for any length of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.11</b> Was water delivered that did not meet CT requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.12</b> What is the entry point chlorine residual today? Free/Total?	mg/L				
<b>5.13</b> Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.14</b> Any other treatment plant issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Sources – Well(s)</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
<b>6. (Note the specific facility if any issues are found)</b>					
<b>6.1</b> Is there a 50 foot annular seal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## APPENDIX 3. REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

<b>6.3 Is there a casing vent?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.4</b> Does the casing and/or air relief vent have a screen to prevent the entry of insects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.5</b> Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.6</b> How is the well used? (Circle if applicable)	Primary		Backup	Emergency	
<b>6.7</b> Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.8</b> Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.9</b> Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.10</b> Are there any exposed holes or cracks near the wellhead? For example electric conduit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.11</b> Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.12</b> Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.13</b> Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.14</b> Is the wellhead at least 18-inches above grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.15</b> Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.16</b> Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.17</b> Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Sources- Spring(s)</b> (Note the specific facility if any issues are found)	<b>Y</b>	<b>N</b>	<b>N/A</b>		
<b>6.18</b> Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.19</b> Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.20</b> Is the spring site secured (e.g. locks, fence, gate, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.21</b> Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.22</b> Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Sources – Surface Water</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>		
<b>6.23</b> Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.24</b> Has the source water turned over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.25</b> Have there been any sewer spills, source water spills or other disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.26</b> Any other source water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### APPENDIX 3. REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

<b>Sources-purchased water</b>						
6.27	Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.28	Low disinfectant residual from supplier (typically $\leq 0.2$ mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.29	Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Applicable to all sources</b>						
6.30	Has an unapproved source been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.31	Has there been a change in sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.32	Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.33	Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.34	Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.35	Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.36	Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.</b>	<b>General Operations</b>				<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
7.1	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	What were the symptoms of illness if you received complaints about customers being sick?					
7.3	Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8.</b>	<b>Significant Deficiencies</b>				<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
8.1	Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

1. Attach additional sheets if needed.

## APPENDIX 3. REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

Additional Comments:

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED):

Signature:

Date:

Water system responsible party (PRINTED):

Signature:

Date:

### Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were all issues identified corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	